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SUBSTANTIVE PREPARATIONS FOR THE CONFERENCE

Recommendations of the Expert Group Meeting on Population and Women

Report of the Secretary-General of the Conference

SUMMARY

In response to Economic and Social Council resolution 1991/93, the Expert Group Meeting on Population and Women was convened in Gaborone, Botswana, from 22 to 26 June 1992 as part of the preparations for the International Conference on Population and Development to be held in 1994. The findings of the Expert Group are presented in the present report for consideration by the Population Commission acting as the Preparatory Committee for the Conference in the context of the review and appraisal of the World Population Plan of Action. The Meeting focused on linkages between enhancing the roles and socio-economic status of women and population dynamics, including adolescent pregnancy and motherhood, maternal and child health, education and employment, with particular reference to the access of women to resources, their role as environmental managers, and the provision of services. The Expert Group reviewed the state of knowledge regarding those topics and, based on that review, sought in its recommendations to identify practical steps that could be taken to promote equality between women and men, that would help empower women and that would also have desirable economic and demographic effects.

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INTRODUCTION

1. The Expert Group Meeting on Population and Women was held in Gaborone, Botswana, from 22 to 26 June 1992. It was the third of six expert group meetings convened to address topics of high priority for the International Conference on Population and Development, which will take place in Cairo from 5 to 13 September 1994.

A. Background

2. The Economic and Social Council, in resolution 1991/93 of 26 July 1991, decided to convene an International Conference on Population and Development under the auspices of the United Nations. It was decided that the overall theme of the Conference would be population, sustained economic growth and sustainable development. The Council also authorized the Secretary-General of the Conference to convene six expert group meetings as part of the preparatory work, to address selected topics, including "linkages between enhancing the roles and socio-economic status of women and population dynamics, including adolescent motherhood, maternal and child health, education and employment, with particular reference to the access of women to resources and the provision of services". 1/ The Expert Group Meeting on Population and Women was held in response to the resolution.

3. The Meeting was organized by the Population Division of the Department of Economic and Social Development, United Nations Secretariat, in consultation with the United Nations Population Fund (UNFPA). The participants, representing different geographical regions, scientific disciplines and institutions, included 14 experts invited by the Secretary-General in their personal capacities; representatives of four of the five regional commissions (Economic Commission for Africa (ECA), Economic Commission for Latin America and the Caribbean (ECLAC), Economic and Social Commission for Asia and the Pacific (ESCAP) and Economic and Social Commission for Western Asia (ESCWA)); representatives of United Nations offices and specialized agencies, including the United Nations Office at Vienna, the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Development Programme for Women (UNIFEM), the United Nations Centre for Human Settlements (Habitat), the International Labour Organisation (ILO), the Food and Agriculture Organization of the United Nations (FAO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO); and representatives of the following non-governmental organizations: Center for Development and Population Activities, Institute for Resource Development, the International Planned Parenthood Federation and the International Union for the Conservation of Nature/World Conservation Union. Two additional non-governmental organizations were represented by experts who were also invited in their personal capacities: the International Union for the Scientific Study of Population and the Population Council. There were also 19 observers.

4. As a basis for discussion, the experts prepared papers on the main agenda items. The Department of Economic and Social Development prepared a background paper entitled "Population and women: a review of issues and trends". Discussion notes were provided by the Department of Economic and Social Development, ECA, ECLAC, ESCAP, ESCWA, the United Nations Office at Vienna, UNICEF, ILO, FAO, WHO, the Center for Development and Population Activities, the Institute for Resource Development, the International Planned Parenthood Federation, the International Union for the Conservation of Nature/World Conservation Union, the International Fund for Agricultural Development (IFAD), the United Nations Environment Programme (UNEP) and a member of the Australia International Development Assistance Bureau.

B. Opening statements

5. Opening statements were given by Dr. Nafis Sadik, Secretary-General of the Conference, by the Honourable Festus Mogae, Vice-President and Minister of Finance and Planning of the Government of Botswana, and by Mr. Shunichi Inoue, Deputy Secretary-General of the Conference and Director of the Population Division.

6. After welcoming remarks by Dr. Josephine Namboze, the United Nations Resident Coordinator in Botswana, ad interim, Dr. Sadik noted that Botswana provided an especially fitting venue for the meeting, citing the host country's history of attention to women's issues and concerns at the ministerial level. Botswana was also one of the few countries in which educational attainment of women equalled or exceeded that of men. Mr. Mogae affirmed his Government's conviction that gender was an essential and critical factor in development, that women made major contributions to the wealth of nations, and that empowering women by enhancing their productive activities, income and education and, more generally, their right to make decisions in all spheres of their lives would bring important benefits to society as a whole. Mr. Inoue also stressed the long-standing and increasing attention by the international community to women's roles and status as an important factor for understanding demographic change and as a vital feature of social and economic development.

7. Dr. Sadik's remarks introduced many of the themes that were discussed at the week-long meeting. She urged the participants, in considering population and development issues, to focus on practical actions that recognize women's rights and autonomy and that enhance women's participation in the development process. She stressed particularly that women's reproductive rights were central to the realization of women's potential in economic production and community life. The ability to exercise free and informed choice regarding the number and spacing of their children was the first step in enabling women to make choices in other areas. Dr. Sadik noted that in many societies, young women were trapped within a web of tradition that assigned a high value to their reproductive role, taking little note of any other role they could play, and that for too long, inequity between women and men had been tolerated and, indeed, excused because of so-called "customs" and "traditions". She noted further that there were practical steps that could be taken to promote

equality between women and men. Among them were the removal of remaining legal barriers to women's full equality; policies to improve the education of girls; and programmes to provide reliable information about reproductive rights and reproductive health; high quality family-planning services; and whatever health-care services were needed to combat disease and promote healthy childbirth. In discussing reproductive health, she pointed out the high rates of adolescent pregnancy in both developed and developing countries, noting particularly the elevated risks to life and health of early childbirth and the fact that all too frequently early motherhood foreclosed a girl's prospects for education, employment and self-realization. Men's involvement was, of course, essential if women's overall situation was to be improved and their effective role as agents of socio-economic development recognized. At the same time, it was also necessary to pursue initiatives that would put qualified women in positions of power and decision-making.

I. SUMMARY OF THE PAPERS AND DISCUSSION

8. In addition to a more general exchange of views and evidence on women's roles and status in the course of development and on the interrelations between development and population programmes and women's status, the Meeting devoted particular attention to the following areas: women's health, especially reproductive health, and women's roles and status in relation to the health of children and other family members; adolescent fertility, marriage and reproductive health; a gender perspective on family-planning needs and programmes; education of girls and women, and the relationship of education to fertility and to child health and welfare; women's economic activity and its relationship to fertility and to child health and welfare; and women's role as environmental managers, and environmental issues in relation to women's health and reproductive and productive roles. The situations of both developed and developing countries were considered, although the main emphasis was on the latter.

9. In drawing up recommendations, the Group sought to identify practical steps that could be taken to promote equality between women and men, that would help empower women and that would also have desirable economic and demographic effects. The Group also reviewed the state of knowledge on the topics mentioned above and made recommendations regarding needs for research and data collection.

10. Gender issues have been the focus of increasing international attention in a variety of contexts, including human rights and equity and women's integration into processes of social and economic development. There is now an impressive array of international declarations and agreements concerning women's rights to equal status in many aspects of life. These include the Convention on the Elimination of All Forms of Discrimination against Women (1979) and agreements on equal pay for work of equal value (1953), equal political rights (1954), maternity protection (1955), equality in employment (1960), equality in education (1962) and equal marriage rights (1964). Other international agreements dealing with women's roles and status and population

include the World Population Plan of Action (1974) and the Recommendations for Further Implementation of the Plan (1984), the Nairobi Forward-looking Strategies for the Advancement of Women (1985), the Safe Motherhood Initiative (1987) and the Amsterdam Declaration on a Better Life for Future Generations (1989). The Expert Group noted that international declarations and agreements provided sound guidelines, but that much remained to be done in terms of implementing them.

A. General issues of gender equality, population and development

11. Participants noted that recommendations adopted at intergovernmental meetings often spoke of rights and responsibilities of families or couples, ignoring the practical reality of unequal authority and power in gender relations (ESD/P/ICPD.1994/EG.III/5). One need identified at the Meeting was for more attention to be directed to men's roles in the family.

12. Paradoxically, although policy makers recognized that women's status remained inferior and their roles restricted in many ways,

> "women acting on behalf of the family are seen as agents of change in all aspects of population policy whether it be the adoption of family planning, the provision of health care for children or the acquisition of independent economic livelihoods. ... [Yet] women cannot bring about the demographic transition alone. ... Men will have to play their part and, before that can be accomplished, much more must be understood about men's reproductive and familial roles and about how the costs and benefits of children are distributed" (ESD/P/ICPD.1994/EG.III/4).

13. Population and development programmes made many assumptions - often implicit ones - about interrelations and changes within families which resulted in aggregate changes in fertility and mortality rates:

> "Assumptions about the roles women and men play within the family and the intra-family distribution of resources are implicit in the linkage typically drawn between rising costs of children and declining demand for children: (a) that improvements in women's individual livelihoods outside the family provide them with greater individual economic mobility and thus less reliance on children and other family members for future economic support; (b) that fathers share with mothers joint responsibility for their children's maintenance and upbringing; and (c) that parents support each of their children to the same extent. These assumptions structure the collection and analysis of demographic data and the design of population policy" (ESD/P/ICPD.1994/EG.III/4).

These assumptions were not justified in some settings. Researchers and policy makers thus needed to make a more careful and critical examination of particular social and cultural conditions if they were to design policies that would truly benefit women and those who depended upon them, and would also

have the expected demographic effects. That would also require gathering some types of information from men which were currently usually obtained only from women surveyed on fertility, family planning and child health.

14. On the basic question of whether development tended to improve women's status, the Group saw no simple answer, since women had many roles, and the various aspects of women's status did not change in unison or in response to the same forces. The Group agreed, though, that improving women's status would advance development.

> "There are areas such as health and education where, sooner or later, the economic gains do flow on to women. But equally there are other areas such as legal rights, equal pay and treatment in the labour force and women's political decision-making power where there is no necessary/or clear relationship between the status of women and the level of development. ... Equality for women depends not on the level of development or the economic resources available but on the political will of Governments and on the cultural setting in which women have to live. Equality is not attained in a zero sum game in which gains for women can only result from losses to men. Instead, because equality for women promotes economic growth through more effective utilization of existing resources, poor countries which opt for equity (through equal legal rights and access to economic resources) can thereby speed up the pace of development" (ESD/P/ICPD.1994/EG.III/DN.15).

15. One recurrent theme of the discussions was the need for women to be represented in much greater numbers at all levels of planning, managing and executing population, health and development programmes - both for reasons of equity and as a precondition for success. Women's concerns could not be promoted effectively through a single ministry alone. The Group noted that those needs were currently widely recognized in a variety of international agreements and in statements of goals and policies issued by many international groups. However, there remained a great divide between stated goals for involving women in programmes and current reality.

16. Another theme was the need to devise programmes that would help women living in poverty. Access to remunerative employment and effective control over the resources they needed to make a living would help poor women solve other problems, including poor access to health care for themselves and their children. Poor women also generally had higher fertility, including higher levels of both desired and unwanted fertility, than the rest of the population.

17. Gender analysis - a process of explicitly and systematically examining gender balance among those in decision-making roles, those involved in executing programmes, and those who receive the benefits of programmes - was seen as a useful means of directing attention towards the extent to which development, health and other policies and programmes actually involved women and met their needs.

B. Health

18. The Group agreed that the speed with which modern health services had been embraced by the populations of developing countries was worth noting, since it represented a break with traditions that were resistant to change in other ways. Equally notable, though, was the extent to which access to and use of health services was allocated according to status determined along the traditional lines of sex, age and familial role. In some societies that meant that women and girl children were often denied the benefits of modern health care. Despite their inferior position, women were commonly seen as the custodians of family health; yet their poor education and limited authority undermined their ability to protect their own health and that of their families (ESD/P/ICPD.1994/EG.III/7). Recommended policy responses to the situation included both actions aimed at improving women's access to health care and information, and efforts to inform and involve other family members.

19. The Group noted that reproductive and sexual health implied much more than preventing maternal death.

> "Health is defined in the Constitution of the World Health Organization (WHO) as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity ... [In respect of reproductive health] this implies that people have the ability to reproduce, that women can go through pregnancy and childbirth safely, and that reproduction is carried to a successful outcome, i.e., infants survive and grow up healthy. It implies further that people are able to regulate their fertility without risks to their health and that they are safe in having sex" (ESD/P/ICPD.1994/EG.III/DN.8).

It was agreed that achieving positive reproductive health required policies and programmes that included but also looked beyond prevention of maternal death. However, given the paucity of statistical information about many aspects of reproductive health, attention had tended to focus on maternal mortality as an index of reproductive health conditions more generally.

20. WHO estimated that approximately 500,000 women died each year of causes related to pregnancy and childbirth, of which 99 per cent took place in developing countries. Most of those deaths were preventable. A major fraction of them were the consequence of unsafe abortion - estimates range from about 100,000 to over 200,000 deaths annually. Africa remained the region where the risk of maternal death was highest, averaging an estimated 630 per 100,000 births; 1 in 20 African women could expect to die for pregnancy-related reasons, at prevailing levels of maternal mortality and fertility. Major contributors to maternal as well as infant mortality included poor nutritional status among pregnant women - WHO estimated that 50 per cent of pregnant women world wide suffered from nutritional anaemia - and the continuing lack of prenatal care and adequately trained birth attendants in many areas. Births at the extremes of the reproductive ages and closely spaced births also involved increased risks to mother and child. Since many of such high-risk births occurred to women who did not want any

more children or who would have preferred a delay, improved access to effective family-planning methods could also reduce risks of maternal mortality. Better access to effective contraceptives could also greatly reduce - although it would not by itself eliminate - unsafe abortion (ESD/P/ICPD.1994/EG.III/8, DN.6, DN.8).

21. Another aspect of sexual and reproductive health that received attention at the Meeting was the prevention and treatment of sexually transmitted diseases. The spread of such diseases was regarded as "one of the major disappointments in public health in the past two decades" (ESD/P/ICPD.1994/EG.III/DN.8). Sexually transmitted diseases had important, and often hidden, health consequences for women. They were a major cause of infertility, for instance, and they increased the risk of life-threatening ectopic pregnancy. Some affected the developing foetus or were transmitted around the time of birth, often with devastating consequences for newborns. Those that produced genital ulcerations also heightened the risk of transmission of the human immunodeficiency virus (HIV), which caused acquired immune deficiency syndrome (AIDS). The risk of transmission of sexually transmitted diseases was generally much greater from man to woman than the reverse, and the health consequences of many of the diseases was also much more serious for women.

22. Although up until the Meeting, AIDS had been more common among men than women globally, from the beginning of the AIDS epidemic, the disease had affected African men and women in roughly equal numbers, and WHO estimated that by the year 2000 the number of AIDS cases would be equal in men and women world wide. Infected women transmit the infection to 30-40 per cent of their children.

23. Even though there had been a great deal of medical research into the diagnosis and treatment of sexually transmitted diseases, and the assessment of their prevalence in selected populations, the state of knowledge remained very poor regarding the underlying behavioural risk patterns in different population groups; knowledge and beliefs among the general population regarding sexually transmitted diseases and their treatment; how often sexual partners of those infected are, in practice, informed of their risk; and other social barriers to combating the spread of such diseases. The AIDS epidemic had given new urgency to those questions, and results of social science research undertaken in response to the AIDS crisis were beginning to appear. The Group had before it a paper summarizing results of a number of research projects carried out in sub-Saharan Africa under the auspices of the WHO Global Programme on AIDS (ESD/P/ICPD.1994/EG.III/9).

24. Women were usually more at risk of sexually transmitted diseases, including AIDS, because of the behaviour of their male partner than through their own sexual activity. Societies with a strong double standard regarding sexual behaviour - such that men had numerous sexual partners before and after marriage, while women's behaviour was strictly controlled and limited to marriage - were likely to place women at a particularly high risk, greater even than in societies where it was common for both men and women to be

sexually active outside of marriage but where the number of different partners tended to be small (ESD/P/ICPD.1994/EG.III/9).

25. A key factor to consider in programmes to combat the transmission of sexually transmitted diseases was whether women had the power to refuse sex or to insist that their partner use a condom. Cultural values regarding sexual abstinence, which predated modern concerns about disease transmission, differed among societies and by gender. Women's ability to negotiate regarding sexual relations was likely to be tied to other aspects of their status, including their financial independence. Research into that aspect of women's autonomy was only beginning. Scattered research results pointed to marked differences between societies in women's degree of control over sexual relations, but in some cases had failed to confirm common preconceptions of women's powerlessness in that regard.

26. The Expert Group agreed that combating reproductive health problems required more vigorous action than had so far been forthcoming from Governments and non-governmental organizations. Research was still needed to establish basic facts about sexual behaviour and risks and to improve the medical and pharmaceutical means available to combat risks. There was a pressing need for public education about reproductive and sexual health, including sexually transmitted diseases and their prevention. In order to reach more of those at risk, educational channels beyond the formal health system, including schools and mass media, should be employed.

27. Family-planning services were viewed as vital for improving reproductive and sexual health, and the Group recommended that Governments, non-governmental organizations and the private sector should assure women and men as individuals confidential access to safe methods of fertility regulation within the framework of a health-care system that could provide adequate support services and information to users of contraception. The Group also recommended that women who wished to terminate their pregnancies should have ready access to reliable information, sympathetic counselling and safe abortion services. Governments and non-governmental organizations were urged actively to promote safer sex, including the use of condoms, and to provide preventive, diagnostic and curative treatment to inhibit the transmission of sexually transmitted diseases. A potential was seen for family planning and other health programmes to become more actively involved in relevant screening, counselling, referral and treatment. That would increase physical access to services for those with sexually transmitted diseases and help break down social barriers to seeking treatment. Even for those with access to services, the risk of social stigmatization might discourage persons needing treatment from seeking it, and women were especially likely to be deterred. It was noted that providers of family planning and other specialized health services had sometimes resisted offering such services (and other types of service) out of concern about jeopardizing their core programmes. The representative of the International Planned Parenthood Federation, the leading international non-governmental organization of family-planning providers, strongly endorsed the need for family-planning programmes to promote reproductive and sexual health more broadly (ESD/P/ICPD.1994/EG.III/DN.4), as

did representatives of the United Nations Office at Vienna, UNFPA, and WHO, among many others.

28. Reproductive health also implied the ability to bear children that were wanted. Although the number of women and men desiring large families had declined in all regions, children remained universally valued and desired. Even in societies where women's social standing was not heavily dependent on reproduction, the large majority of women wished to become mothers. And, where women's status remained closely tied to motherhood, childlessness often represented a personal disaster, and "the repudiated wife with no children, or none surviving, may be able to support herself only by prostitution" (ESD/P/ICPD.1994/EG.III/7).

29. Domestic violence, incest and rape were extreme consequences of women's powerlessness. Children were also frequently victims of abuse. Too often the most basic information regarding the extent, frequency and severity of those problems was lacking. That contributed to a failure to confront those issues through public debate, programmes to help and protect victims of abuse, enforcement of social and legal sanctions, and efforts to provide women with the resources that would render them less vulnerable.

30. The Group strongly condemned the traditional practice of female genital mutilation, or female circumcision. The practice entailed serious health risks not only at the time of the surgery, which was often done under unsterile conditions, but also later in life, when consequences could include painful and difficult intercourse, repeated surgery before and after each childbirth, and obstructed labour which could lead to stillbirth and maternal death.

31. Women often encountered health-threatening conditions at the workplace, ranging from difficulties in continuing to breast-feed infants to sexual harassment to exposure to toxic substances, from which pregnant women and developing foetuses often faced an elevated risk. There were many practical actions that employers and Governments could take to improve conditions for women at the workplace. The paper contributed by the ILO representative summarized relevant international agreements and recommendations (ESD/P/ICPD.1994/EG.III/DN.11).

C. Adolescents

32. Young women and men received particular attention in the Group's discussions, because actions taken in adolescence were crucial for later life. For young women, especially, early marriage or early motherhood could foreclose educational and employment opportunities. Very young mothers typically faced risks of maternal death much above the average, and their children also fared less well.

33. Child-bearing was only one aspect of teenage reproductive health. Adolescents were, in many countries, increasingly at high risk of contracting

and transmitting sexually transmitted diseases, including HIV/AIDS, and they were often poorly informed about how to protect themselves. Young women were especially vulnerable because of their subordinate social position due jointly to young age and female sex. The Group strongly urged Governments to promote education and provision of employment opportunities, particularly for girls, and advised Governments and non-governmental organizations to promote adolescent reproductive health, including provision of family life education with a realistic sex education component, family-planning and reproductive health services, and enforcement of laws regarding minimum age at marriage. 2/

34. In considering adolescent motherhood and marriage, it was important to consider what choices were actually open to adolescents of all social and economic classes. "Poor teenage girls may correctly perceive that attempting to achieve an alternative role will entail facing and overcoming enormous obstacles; they will therefore drop out of school because education is not seen as particularly useful, rather than because they are already pregnant or because they are being pressured into marriage" (ESD/P/ICPD.1994/EG.III/10). Even where educational or employment opportunities existed, though, adolescents might be poorly informed about them, and they frequently faced conflicting pressures. Governments and non-governmental organizations were urged to adopt policies and programmes that would provide young women of all social classes with real alternatives to early marriage and child-bearing.

35. Substantial declines in teenage marriage and fertility from traditionally high levels had occurred recently in some regions - notably, Northern Africa, South-Eastern and Western Asia - and levels were also quite low in Western and Northern Europe and East Asia. However, in South Asia, sub-Saharan Africa and Latin America and the Caribbean, the level of teenage union formation and child-bearing was still quite high. Even moderate levels of teenage fertility implied that substantial fractions of women became mothers before the age of 20 years. For instance, in countries where the annual fertility rate for women aged 15-19 years is about 80 per 1,000, roughly one third of women were mothers by age 20; teenage fertility rates that greatly exceeded that level were found in most countries of sub-Saharan Africa and parts of Asia, and most Latin American and Caribbean countries had rates of 80-140 per 1,000. Especially in areas of the world where a large proportion of teenaged mothers were unmarried, such child-bearing was seen to be undesirable for both the individuals concerned and the society as a whole (ESD/P/ICPD.1994/EG.III/10, 11).

D. Family planning

36. The Group endorsed reproductive choice as a basic right and, as such, a component of the status of women. Family-planning services were also recognized as a means of improving reproductive health which deserved support. Gaining control over their fertility had the potential to open up to women a range of new choices.

37. There had been notable progress in extending at least minimal family-planning services in developing countries. Since 1974 there had been "a revolution" in birth control law and in administrative procedures which had in the main served to improve access to family-planning services (ESD/P/ICPD.1994/EG.III/12). Legal or administrative requirements still limited access to a wide range of family-planning methods in some countries, and in some places women were required to obtain permission from husbands or parents before they could obtain services. However, shortages of well-trained staff, logistical problems and limited funds, rather than legal or administrative obstacles, were often the current reasons for poor access to family-planning services. Recent surveys in the primarily African and Latin American countries covered so far through the Demographic and Health Surveys (DHS) programme indicated that fertility would fall by around one quarter in sub-Saharan Africa and by one third in Latin America if the current unmet need for family planning were fully met (ESD/P/ICPD.1994/EG.III/DN.9). Part of the reason that the unmet need remained high was that the number of children women desired had been declining in all regions. The number of persons in the reproductive ages was however growing rapidly. Thus, the need for more and better services had grown, and had in some countries outpaced the growth in services provided.

38. Some participants strongly criticized existing family-planning programmes for their tendency, in practice, to ignore the justifiable concerns of women - and men - about side effects and other problems with contraceptive methods, for their failure to provide complete and accurate information to clients, for their tendency to dictate which method women should use instead of offering a real choice and, in general, for their concern with achieving quantitative programme targets for numbers of "acceptors" rather than with meeting the needs of individual women and men. There was agreement that family-planning programmes needed to improve quality of care and to adopt the "user's perspective" in evaluating programme services. In order to do that effectively, it was seen as necessary that programmes involved women - who usually made up the large majority of clients - much more heavily in all levels of programme policy-making, management and service delivery, but especially at the highest levels. Recognizing that women and men needed methods that were both safe and effective, and that all existing methods had drawbacks that made them unsuitable for some people, the Group also emphasized the need for development of improved methods, including a re-examination of traditional methods, and the need for programmes to pay more attention to attracting men as clients.

E. Education and its relationship to fertility and child health and welfare

39. The Group took note of the fact that literacy and enrolment rates were increasing globally, and the difference between male and female school enrolment rates had narrowed somewhat. In 1990, UNESCO data indicated that just over half of the world's youth aged 6-23 years were enrolled in school - 56 per cent for males, but only 48 per cent for females. In the major developing regions, 1990 enrolment ratios for females aged 6-23 years ranged

from 32 per cent in Africa (excluding Arab States) to 42-46 per cent in Asia and the Arab States, to 63 per cent in Latin America; in the developed regions the ratio was 72. The enrolment ratios for both sexes had risen considerably since 1960, with most of the improvement taking place during the first half of the 30-year period (ESD/P/ICPD.1994/EG.III/3, 13).

40. There was a disturbing sign, however, in the recent declines in enrolment rates for both sexes in several African countries. The Group voiced concern that programmes for structural adjustment of poorly performing economies could produce underinvestment or disinvestment in education and training as well as health. The Group urged international organizations and donors as well as Governments to recognize them as productive sectors of the economy, vital for the formation of a new generation of workers.

41. The overall educational gains between 1960 and 1990 were larger for females than for males, and the gender disparity declined by over one third. In the developed countries the gender disparity in primary and secondary school enrolment rates, which was sizeable in 1960, had essentially disappeared by 1990. The female disadvantage hardly existed in Latin America, but it remained large in Africa and Asia. In relative terms, the gender disparity in enrolment rates had been and remained largest at the upper educational levels.

42. Despite recent gains, in Latin America over 20 per cent of women aged 25 or over remained illiterate, over 40 per cent in Eastern and South-eastern Asia, and as many as 70 per cent in sub-Saharan Africa and Southern and Western Asia. Thus, there had been notable progress in combating illiteracy, but poorly educated women would comprise the majority in much of the developing world for many years to come (ESD/P/ICPD.1994/EG.III/13).

43. Recent research had confirmed the strong and far-reaching demographic effects of education on both fertility and child survival, and had given some insight into the behavioural changes that were responsible for those demographic effects. Much less progress had been made in answering questions such as: does the type of education, as well as its amount, have consequences for fertility and child health? How does the prevailing cultural setting limit or channel the demographic effects of women's education? There, several participants noted that although education might indeed give women more autonomy in some areas of household life, educated women might remain very restricted in other ways, depending on the cultural setting. Education might, for instance, make women better able to obtain health care for their children but leave them with no say over major household expenditures or the spending of their own income. There was some evidence that in cultures where sons had traditionally been strongly preferred, educated women generally retained those preferences undiminished, which had implications for fertility and child health.

44. Although education had an important effect on child survival and fertility, it was also true that if fertility and child mortality were to continue to decline rapidly at the national level, the declines must be spread broadly through the population and not be confined to the highly educated.

Indeed, the recent declines in both fertility and child mortality had usually occurred across the educational spectrum, although so far without in general diminishing the often very wide differences between the more and the less educated in mortality risks or in the level of fertility. While some populations showed a degree of convergence, in others the demographic differences between education groups had only become wider over time. Even in developed countries education differences in fertility and child survival persisted.

45. Developing-country women with secondary or higher education almost invariably had much lower fertility than less educated women, but in countries where the general level of development was low or where the general level of fertility had so far shown little decline, the impact of primary education on fertility was not uniformly the inverse. In almost all settings, and particularly where fertility differences between educational groups were large, the level of unmet need for family planning and the level of unwanted fertility were highest among the least educated. Recent research had helped clarify the effects of education on several important proximate fertility determinants, which also helped explain why the relationship between education and fertility was not always strictly negative: while education led to later marriage and to increased use of contraceptives, both of which reduced fertility, it also led to lesser observance of traditional means of birth-spacing (extended breast-feeding and, in some populations, an extended period of post-natal sexual abstinence), which tended to raise fertility (ESD/P/ICPD.1994/EG.III/13).

46. Research on education and fertility or child survival had usually concentrated only on the amount of formal education. The possible effects of non-formal education on demographic factors had rarely been considered in empirical studies, and the Group noted that there was need to assess the demographic and other impacts of such education.

47. Other areas needing more research attention included the connection between the child's education and parental efforts to limit family size, and the reverse relationship - namely the impact of number of siblings on children's education. Explanations of reasons that more affluent and better educated parents usually desired and had smaller families tended to focus on the trade-off between greater numbers of children and, in economists' terms, higher "child quality", which involved greater investment in the upbringing of each child. Direct and indirect costs of child schooling were a major aspect of such investment. Better educated parents tended to want educated children, and that might be an important factor leading to lower fertility among the better educated. At the same time, public policies that made it easier for even uneducated parents to send their children to school might have a wide-reaching effect on parents' evaluation of the relative merits and feasibility of having more children, or a smaller number of educated children. Such educational policies could in theory have a quicker effect on fertility than the parents' own education, since the latter could operate only after the educated children matured and made choices about their own child-bearing.

48. New research also confirmed the strong effects of mother's education on child survival, and there had been some progress in understanding how education produced that beneficial effect. Education had some effect on the prevalence - but more especially on the treatment - of childhood diseases. The children of educated mothers were more likely to be immunized against disease, and they were much more apt to receive modern medical care when ill. Educated women were themselves more likely to have a medically trained birth attendant and to have received prenatal care and immunizations, which benefited both mother and child. Educated women were also less likely to be extremely young or old when they gave birth, or to have a large number of births, all factors that have been associated with both maternal and child death. Children of more educated women were also better nourished, on average. Although better educated women also tended to be married to husbands of higher status and to live in households that were better off in material terms, the mother's education tended to be more important than those other social factors in improving child health and survival (ESD/P/ICPD.1994/EG.III/14).

49. The effects of women's education on their own health benefited children as well, although those effects had not been as well measured as had the relationship between maternal education and child survival. As a consequence of their greater likelihood of using health services, of avoiding high risk pregnancies and of experiencing fewer pregnancies, they were considerably less likely to die in childbirth and thereby orphan their children.

50. Even a few years of maternal education usually had a significant effect on child survival. Results for 25 developing countries surveyed as part of the Demographic and Health Surveys programme showed that the odds of a child dying before age 2 if the mother had 1-3, 4-6 or at least 7 years of schooling were, respectively, 15, 35 and 58 per cent lower than those of a child whose mother had no education. Even after statistical controls for a variety of other social factors, including the father's education and occupation, children whose mothers had seven or more years of schooling had only about half the risk of dying faced by the children of the uneducated. However, the latest research also showed that the relationship between education and child survival was weaker in most sub-Saharan African countries than in other regions. The reasons for that remained to be determined (ESD/P/ICPD.1994/EG.III/14).

51. Especially in developing countries, much less was known about the effect of maternal education on broader aspects of child development and welfare, including mental and emotional development, than about education's effect on child survival. Positive concern for child health - beyond mere survival - was seen as one area to which researchers should devote increased attention. Doing so would require small-scale and intensive types of investigation to supplement the large sample surveys which had been the basis for most of the research linking education and other social variables to child survival. However, there was still much that could be learned through large surveys, as had been shown in recent years by the expansion of survey content, particularly in the Demographic and Health Surveys programme, into health and related areas.

F. Women's economic activity and demographic factors

52. Although women's economic contribution was greatly understated in currently available statistics, the Group noted that even the available data indicated that in all parts of the world women made up substantial proportions of the population employed in the formal economy. Statistics compiled by ILO showed that, in 1985, 37 per cent of the labour force world wide was female: 42 per cent in developed, and 35 per cent in the developing regions. In Africa, 35 per cent of the recorded labour force was composed of women; in Asia (exclusive of China), 28 per cent; in China, 43 per cent; and in Latin America, 27 per cent (ESD/P/ICPD.1994/EG.III/3).

53. Increased opportunities in the paid labour force were generally agreed to encourage lower fertility, although the reverse was also true: lower fertility made it possible for women to participate in the labour force. However, the types of work most commonly done by women in many developing countries were not uniformly associated with lower fertility. On the contrary, poor women with large families might be driven to seek work in order to provide basic subsistence.

54. Incompatibility between modern-sector work and child care was commonly regarded as a fundamental reason for expecting working women to have fewer children. The types of work open to poor, uneducated women - such as agricultural labour, small-scale trading and domestic labour - could often be combined with child care to some degree, and it was primarily among those engaged in paid work in the modern sector that lower fertility was observed.

55. There were a number of complicating factors that made it problematic to assign the work/fertility relationship to any single factor such as time conflicts between work and child care. For instance, in developing countries, alternative, affordable child care was readily available to well-educated, higher status women, who were typically the ones with access to well-paying jobs in the modern sector. In such settings, incompatibility between work and child care did not occur, or at least was greatly lessened. Yet, it was precisely employment in the modern sector that had most consistently been associated with lower fertility, in developing as well as developed countries. Other factors that might be involved included less tangible aspects of work, particularly when employment provided a separate source of social esteem and personal fulfilment that offered women an alternative to social status based mainly on her roles as wife and mother. It was also difficult in practice to separate effects of employment from other personal, social and cultural characteristics that might jointly influence fertility and the propensity for women to join the labour force. Characteristics such as education, which strongly affected a woman's access to good jobs, might be more important than employment itself in producing a relationship between employment and fertility (ESD/P/ICPD.1994/EG.III/15).

56. Plainly not all jobs provided an attractive alternative to a home-centred life. Access to jobs offering good pay and enhanced status often depended on an individual woman's education and other qualifications.

57. However, access to good jobs also depended on the broader social and economic setting. Discriminatory practices that led to large gaps in the wages that women and men could earn served as an incentive for women - at least those who were in stable marriages - to "specialize" in domestic work, and for the husband to specialize in earning income, with little of his time and energy devoted to the domestic sphere. In some societies, prevailing cultural views regarding acceptable roles for women severely constrained the job choices of even the well-educated. In such societies small numbers of high-status women and some women who would otherwise be destitute might work outside the home - the latter in menial jobs which conferred low status in exchange for a meagre livelihood.

58. Although some observers had pointed to women's increased participation in the labour force as a key factor in producing the extremely low levels of fertility (total fertility rates in some cases below 1.5 children per woman) that were seen in some industrialized countries, the evidence was not straightforward, and it remained indeterminate how important growing participation in the labour force was, as compared to other forces, in producing low fertility. Although over the longer run rising rates of women's participation in the labour force in developed countries had been accompanied by fertility declines, a more detailed examination showed that trends in such participation did not correspond well with the timing of fertility increases and decreases. In addition, the countries where women were most likely to be formally employed were not necessarily those with the lowest fertility.

59. It was beyond dispute that, in both developed and developing countries, many parents experience stress over the competing demands of jobs and children. That was particularly true for women who continued to do most child care and housework, whether or not they also had other work. It was the total burden of those conflicting demands on women's time as well as the contributions of men - not simply the level of participation in the labour force or economic conditions in general - that must be the focus of attention in order to comprehend the reasons for exceptionally low fertility. One expert observed that some Scandinavian countries, which had taken the lead in public policies to harmonize work and family responsibilities and where men were more likely to assume some of the burden of child care and housework, currently had substantially higher fertility than countries such as Japan, Spain and Italy, where economic opportunities had been opening to women but where there was not much change in the traditional division of labour within households or much commitment through policies and programmes to easing the conflicts between formal employment, child care and housework.

60. It was also noted that employment opportunities might in some cases have less effect on child-bearing within marriage than on women's decisions about when, or even whether, to marry. Japan was an example of a society where increased employment of women during recent decades appeared to have had a greater effect on timing of marriage than on fertility within marriage. "While a woman's job may induce a male to feel that he could 'afford' to marry, it could also encourage a woman to feel that she could 'afford' not to marry" (ESD/P/ICPD.1994/EG.III/17).

61. There was little firm evidence regarding the possible relationships between women's economic activity and child welfare, particularly in developing countries. On the one hand, paid work benefited children by improving the family's economic standing. There was also evidence from several settings that more of women's income than men's income was spent on child-oriented expenses such as food, clothing and education, and less on entertainment, tobacco and alcoholic beverages. However, there was not enough evidence to tell how generally the latter findings held. In some settings women had no control over the spending of their earnings (ESD/P/ICPD.1994/EG.III/16).

62. A mother's involvement in market work might affect children negatively through a reduction in the time she spent caring for children and their exposure to alternative care which, for poor women in many developing countries, was likely to consist of no care or care from siblings. Yet, there was very little evidence on the point. In fact, the literature suggested several mechanisms that attenuated the superficially obvious relationship. In many developing countries women engaged in work such as small-scale trading and agriculture which allowed them to take children along to the workplace. Women might also reduce their leisure time to meet the demands of children and work. Additionally, the image of a home-maker as able to provide a warm nurturing environment which her employed counterpart could not, underestimated the demands of domestic work on women in rural areas of many developing countries. Time lost to arduous, time-consuming tasks of household maintenance such as gathering fuel and carrying water was not counted as employment and indeed was nowhere reflected in commonly available statistics. Such tasks might require poor women to leave young children untended for long periods or tended by a slightly older child. There was evidence that children's health suffered under such arrangements, and there was the additional problem in the latter case that children (frequently girls) were kept away from school in order to care for younger siblings (ESD/P/ICPD.1994/EG.III/3, 16).

63. Actual child-care arrangements, the effects on children of different types of child care, and the relationships of women's market and domestic work to child care and child welfare were seen as areas needing more research, particularly in developing countries. In considering those issues, researchers and policy makers needed to pay attention to the total burden on women's time and not restrict attention to employment as reflected in current statistical systems.

64. The possibility that work away from home might impede women's ability to breast-feed young children had prompted studies in a number of developing countries. The studies generally found that working women were no less likely to initiate breast-feeding than those who were not employed, but some studies found that employed women introduced supplementary foods earlier. Where supplements were prepared under unsanitary conditions, early supplementation could pose a risk to child health. Nevertheless, it was not clear from available evidence whether the health of working women's children was affected by work-induced changes in breast-feeding patterns. For one thing, as a growing number of studies examined infant-feeding patterns in more detail, it

became clear that in many societies, supplements such as water or fruit juice were traditionally given to infants starting at a very young age, during the period that less detailed investigations were likely to classify simply as "full" breast-feeding. Thus, the risks posed by breast-milk supplements might be quite widespread, with the mother's employment status being at most a minor factor. However, at a more general level the benefits of breast-feeding for child health and nutrition were very well documented, and efforts should continue to encourage workplace conditions that would make it possible for women to continue breast-feeding.

65. The Group noted that home-based and part-time employment was in some circumstances the only available way for women to earn an income and as such was a practical necessity for many poor women. However, the Group also noted that work under those conditions often involved low earnings and little or no increase in autonomy, that the equipment and substances involved in home production were sometimes hazardous, and that such labour conditions often resulted in exploitation by employers.

66. Recognizing that increased economic productivity for women was vital for their own interests and for national development, the recommendations adopted at the meeting referred to a variety of actions that Governments and employers could and should take in order to increase the access of women to productive and remunerative employment and to protect the rights of women and men at the workplace. Policies and programmes should include measures aimed at enabling parents to harmonize the demands of work and caring for children, elderly parents and other dependents, and at encouraging fathers in particular to assume more responsibility for child care and household maintenance. Such policies should not be aimed at women employees only but should rather be framed and applied in a gender-neutral manner.

67. Related to those concerns was the need for better data collection about women's economic activities. Undercounting of women's employment was common, particularly for women in rural areas and those who helped run family enterprises. More generally, there was "need for development that pays greater heed to the value of a poor woman's time. Labour-saving devices are so quick to develop for men and for the better-off population as a whole. Poor working women, on the other hand, do an unenviable double shift of work for all practical purposes, so that it is often the home maintenance tasks rather than the demands of her job that take the most time and attention away from the child" (ESD/P/ICPD.1994/EG.III/16).

G. Women, population and the environment

68. It was agreed by the Group that environmental issues were linked to population factors in a variety of ways. While environmental issues concerned men and women alike, some environmental problems had a disproportionate impact on women. For example, certain substances employed in manufacturing or in agriculture posed heightened risks to pregnant women and to foetal development. Women's exposure to environmental toxins might also differ from men's because the type and location of daily activities differed by sex.

Frequently, women had also been the first to notice environmental hazards, and the first to protest publicly about them.

69. The Group focused particular attention on environmental problems in rural areas of developing countries, and the need to involve women fully in programmes to solve those problems and to achieve sustainable development. While population growth was by no means the only cause of environmental degradation in such areas, it was inevitably a contributing factor. As population had increased, areas suitable for agriculture had become crowded, marginal lands had often been brought into production, and water resources had been depleted. Soil erosion and deforestation had resulted, and traditional ways of living in harmony with the environment had been disrupted.

70. Those problems could not be solved without providing means for people in those areas to escape from poverty. Nor could they be solved without a correct understanding of women's roles as de facto environmental managers, and without ensuring that women were involved at all levels of planning and execution of programmes in those areas. Particularly in poor rural areas women's work as mothers and guardians of family health were not clearly separated in time and place from their other work, and, as noted above, statistical indicators often failed to reflect their economic contribution at all. Women's statistical invisibility in labour force data for poor rural areas, coupled with a failure to study and understand local, culturally specific gender divisions of labour, social life and rights to assets had often led to programmes of rural development which failed to help women and sometimes undermined their traditional livelihoods (ESD/P/ICPD.1994/EG.III/18, 19):

> "... women must be regarded more seriously as producers, and be given appropriate training and skills to become more productive, so that they can contribute more effectively to alleviate the poverty of rural families in particular. The purpose is not to remove them from the family or create independent women's power. Rather, it is to enhance their productivity, in ways that add to their capacity and value within the community, giving them more 'bargaining' power for fairer treatment by officials ... and family members" (ESD/P/ICPD.1994/EG.III/18).

II. RECOMMENDATIONS

A. Preamble

71. Governments, intergovernmental and non-governmental organizations have increasingly accorded high priority to women's roles and status. It has been widely accepted that women's advancement, health, education and family planning are mutually reinforcing and should be pursued simultaneously and in a holistic manner. Sustainable development cannot be achieved without the full participation of both women and men in all aspects of productive and reproductive life, including care and nurturing of children and maintenance of the household. It is critical to recognize that gender roles are diverse and

changing. National economic and demographic goals cannot be attained unless the needs of women as citizens, workers, wives and mothers are met.

72. The equality between men and women is proclaimed in the Universal Declaration of Human Rights. The interrelationships between women and population are affirmed in the World Population Plan of Action (1974) and in the Recommendations for its Further Implementation (1984), the Nairobi Forward-looking Strategies for the Advancement of Women (1985), the Safe Motherhood Initiative (1987) and the Amsterdam Declaration on a Better Life for Future Generations (1989).

73. While acknowledging that some progress has been made, the Expert Group Meeting on Population and Women recognizes that there are numerous issues concerning women and population that still need to be addressed, both at the international and national levels. The Meeting notes that, at the international level, there are several adequate instruments and guidelines, but th need to be fully implemented at the national level.

B. Recommendations

74. Reaffirming the provisions of internationally adopted instruments that relate to the linkage between women and population and recognizing the importance of devising practical measures that will help to empower women, the Expert Group Meeting on Population and Women adopts the following recommendations:

Recommendation 1

Governments, intergovernmental and non-governmental organizations are urged in the implementation of stabilization, structural adjustment and economic recovery programmes to recognize health and education as productive sectors which are particularly critical for women. These sectors play a fundamental role in human capital development and in the formation of future generations of workers.

Recommendation 2

Gender-based analysis should become an essential instrument in the design, implementation and evaluation of all development activities, including economic planning and population and development policy formulation. Sensitization to gender issues should be a priority in all activities, including population. Programme managers are urged to develop and utilize training materials and implement courses of training in gender issues. Governments, donors and the private sector, including non-governmental organizations and for-profit corporations, should assist with and support development of such training materials and courses.

Recommendation 3

Governments should ensure that development policies and strategies are assessed for their impact on women's social, economic and health status throughout the life span.

Recommendation 4

Donors, Governments and non-governmental organizations are urged to seek culturally appropriate modalities for the delivery of services and the integration of women into population and development initiatives. They are urged to provide widespread access to information and services responsive to women's concerns and needs and to stress women's participation.

Recommendation 5

Efforts are needed to balance the representation of women and men in all areas of population and development, particularly at the management and policy-making levels, in both the governmental and the private sectors.

Recommendation 6

Governments and non-governmental organizations should promote responsible parenthood. Children are entitled to the material and emotional support of both fathers and mothers, who should provide for all their children of both sexes on an equitable basis. Governments should adopt specific measures to facilitate the realization of these rights.

Recommendation 7

Governments should strengthen efforts to promote and encourage, by means of information, education, communication, employment legislation and institutional support, where appropriate, the active involvement of men in all areas of family responsibility, including family planning, child-rearing and housework, so that family responsibilities can be fully shared by both partners.

Recommendation 8

Women who wish to terminate their pregnancies should have ready access to reliable information, sympathetic counselling and safe abortion services.

Recommendation 9

Governments should adopt measures to promote and protect adolescent reproductive health, including the teaching of family life education with a realistic sex education component, appropriate counselling and services to girls and boys. Governments are urged to work with adolescents themselves and to draw upon non-governmental organizations that have experience in this area.

Recommendation 10

So as to ensure the rights of young women to health and of young women and men to education and employment opportunities, Governments are urged to enforce laws pertaining to minimum age at marriage and raise awareness of the importance of this issue through appropriate communication strategies.

Recommendation 11

Family-planning programmes, in their efforts to reach both women and men, should be consonant with the cultural setting and sensitive to local constraints on women and should provide all aspects of quality care and services, including counselling, reliable information on contraceptive methods, informed consent and access to a wide range of contraceptives. Family-planning programmes should also address infertility concerns and provide information on sexually transmitted diseases, including HIV/AIDS.

Recommendation 12

Sexually transmitted diseases have important, and often hidden, health consequences for women, increasing the incidence of reproductive tract infections, with consequent risks of life-threatening ectopic pregnancy. Reproductive tract infections and genital ulcer diseases also heighten the risk of transmission of HIV/AIDS, with potentially fatal consequences for mothers and their children. Therefore, Governments and non-governmental organizations must promote safer sex, including the use of condoms, and must provide preventive, diagnostic and curative treatment to inhibit the transmission of sexually transmitted diseases.

Recommendation 13

Governments, non-governmental organizations and the private sector are urged to give priority to the adoption of measures to promote the health of women and girls. These measures should encompass the nutrition and health needs of young girls and women, women's reproductive health, and the implementation of the Safe Motherhood Initiative. Priority should also be given to monitoring the impact of these measures.

Recommendation 14

Various forms of female genital mutilation are widespread in many parts of the world and cause great and continued suffering, impaired fecundity and death. Governments should vigorously act to stop this practice and to protect the right of women and girls to be free from such unnecessary and dangerous procedures.

Recommendation 15

Governments, non-governmental organizations and the private sector should ensure women and men as individuals of confidential access to safe methods of fertility regulation within the framework of an adequate health care system.

Recommendation 16

Governments and non-governmental organizations are urged to make special efforts to improve and equalize the school enrolment and attendance of girls and boys at all levels of education. Recognizing the difficulty of some families in permitting their daughters or sons to attend school, innovative strategies need to be devised which respond to existing socio-economic and familial constraints. There is also need for increased sensitivity to young women's reasons for dropping out of formal education, whether as a result of early marriage, pregnancy or economic need. Policies and programmes must be adopted which will enable them to continue their education.

Recommendation 17

Governments and non-governmental organizations should make efforts to ensure that women of all ages who have little or no formal schooling are provided with special non-formal education which would assist them to gain access to remunerative employment, knowledge of their legal rights, information on family and child health, nutrition and fertility regulation and information on services for which they are eligible. This should complement - rather than substitute for - formal schooling.

Recommendation 18

Governments and non-governmental organizations should develop culturally sensitive health education to increase the awareness of health rights of all members of the family. Efforts should also be made to achieve equal rights of access to appropriate preventive and curative health care, regardless of age, gender or family position. Issues such as rape, incest, child abuse, domestic violence and exploitation based on age and gender require special attention. Programmes that promote acceptance among men and women of equal rights in sexual relationships are required.

Recommendation 19

Taking cognizance of the interaction between extreme poverty and demographic trends, Governments are urged to strengthen women's access to productive and remunerative employment.

Recommendation 20

Governments, non-governmental organizations and the private sector are urged to develop and enforce explicit policies and practices to ensure the protection and freedom of women from gender discrimination, including economic discrimination and harassment, especially in the workplace.

Recommendation 21

Governments and private-sector employers are urged to take measures to enable parents to harmonize their economic and parental responsibilities, including parental leave, child care, provisions to enable working women to breast-feed children, and measures to ensure that women and men can exercise their right to employment without being subject to discrimination because of family responsibilities.

Recommendation 22

Governments should seek to remove all remaining legal, administrative and social barriers to women's rights and economic independence, such as limitations on the right to acquire, hold and sell property, to obtain credit and to negotiate contracts in their own name and on their own behalf.

Recommendation 23

Governments, intergovernmental and non-governmental organizations are urged to promote awareness of the crucial role women play in environmental and natural resource management and to provide information and training to women on how they can promote sustainable development. Community-based population and environment programmes should be implemented. They should involve women's participation at all levels and seek to reduce or alleviate women's workloads.

Recommendation 24

Governments are called upon to take measures to prevent the use of and exposure to hazardous substances by women. Governments and employers are urged to ensure that women doing work that is hazardous to foetal development are offered alternative employment upon request, without penalty.

Recommendation 25

In many countries, women take care of their husbands, children and older relatives, often at the same time. Moreover, as a result of population ageing in both developed and developing countries, increasing numbers of women will be living alone or under poor conditions or will be living with their sons and/or daughters. Governments should develop adequate social security and medical ca.e systems for all women, regardless of marital status.

Recommendation 26

Violence against women and children is widespread. Governments are required to protect women and children from all forms of violence, including rape, incest, child abuse, domestic violence and exploitation based on age and gender. Women refugees and those in circumstances of war and wherever civil rights are threatened or suspended are in special need of protection and of reproductive health care and family-planning services.

Recommendation 27

Governments, international organizations, the pharmaceutical industry, the medical professions and non-governmental organizations should give urgent priority to the development and production of improved and safe contraceptives for fertility regulation and effective pharmaceutical products for protection against sexually transmitted diseases. Renewed emphasis should be placed on the development of male methods of contraception. Contraceptive research and trials of new methods should be governed by accepted ethical principles and internationally recognized standards. In particular, new methods should be tested on a range of individuals in developed and developing countries who have full information and have freely agreed to participate in the testing.

Recommendation 28

While continuing data collection in existing areas, Governments and funding agencies are urged to give priority to the collection of data in areas where information is currently seriously deficient. Both large-scale surveys and more qualitative approaches are seen as valuable and complementary. Among the critical areas are:

(a) Structure and dynamics of the family;

(b) Women's, men's and children's diverse economic, domestic and resource management roles, and use of time to fulfil those roles;

(c) Men's attitudes and behaviour regarding reproduction and other topics for which data are currently obtained mainly from women;

(d) Child care arrangements;

(e) Unplanned pregnancy and abortion;

(f) Sexual abuse;

(g) Domestic and other forms of violence;

(h) Various aspects of reproductive health, including incidence of sexually transmitted diseases.

Recommendation 29

Governments, funding agencies and research organizations are urged to give priority to research on the linkages between women's roles and status and demographic processes. Among the vital areas for research are changing family systems and the interaction between women's, men's and children's diverse roles, including their use of time, access to and control over resources, decision-making and associated norms, laws, values and beliefs. Of particular concern is the impact of gender inequalities on these interactions and the associated economic and demographic outcomes.

Recommendation 30

Governments are urged to ensure that the full diversity of women's economic activities is properly represented in statistical systems and national accounts.

Recommendation 31

Government statistical offices are encouraged to publish a broad range of social, health and economic statistics and indicators on a gender-disaggregated basis, and Governments are urged to take those statistics into account in policy and planning.

Recommendation 32

International agencies and donors are urged to increase allocation of resources for publication and dissemination of relevant documents in order to promote expanded access of national research organizations, including women's organizations, to policy-related research findings and conceptual and methodological developments.

Notes

1/ See Council resolution 1991/93, para. 4.

2/ For a discussion, see ESD/P/ICPD.1994/EG.III/11.